

# **CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

**VERMONT**

**COMPREHENSIVE MULTISYSTEM ASSESSMENT**

**For Children and Youth 5 Years – 22 Years**

## **Manual**



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# **CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

Vermont

## **COMPREHENSIVE MULTISYSTEM ASSESSMENT**

For Children and Youth 5 Years – 22 Years

A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

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## INTRODUCTION

The **CANS** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **CANS** is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the **CANS** is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the **CANS** is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the **CANS**.

### Six Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. “2” or “3”).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool. It is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

## Action Levels for “Need” Items

**0 – No Evidence of Need** – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

**1 - Watchful Waiting/Prevention** – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behaviour is past behaviour, and that such behaviour may recur under stress, so we would want to keep an eye on it from a preventive point of view.

**2 - Action Needed** – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth’s or family’s life in a notable way.

**3 - Immediate/Intensive Action Needed** – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a “3” on the relevant need.

## Action Levels of “Strengths” Items

**0 - Centerpiece Strength.** This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

**1 - Useful Strength.** This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

**2 - Identified Strength.** This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

**3 - No Strength Identified.** This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

## CHILD BEHAVIORAL/EMOTIONAL NEEDS

<b>1</b>	<b>Check</b>	<b>PSYCHOSIS</b> <i>Please rate based on the past 30 days. Primary symptoms of psychosis include hallucinations (experiencing things others do not experience), delusions (a false belief about reality that is firmly sustained), or bizarre behavior.</i>
	0	No evidence
	1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
	2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
	3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.

  

<b>2</b>	<b>Check</b>	<b>ATTENTION DEFICIT/IMPULSE CONTROL/HYPERACTIVITY</b> <i>Please rate based on the past 30 days.</i>
	0	No evidence of attention/hyperactivity or impulse problems.
	1	Evidence of mild attention/hyperactivity or impulse control problems. Child may have some difficulties staying on task for an age appropriate time period.
	2	Moderate attention/hyperactivity or impulse control problems. A child who meets DSM-5 diagnostic criteria for ADHD or an impulse control disorder would be rated here.
	3	Severe impairment of attention or impulse control. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g. running into the street, dangerous driving, or bike riding.) A child with profound symptoms of ADHD would be rated here.

  

<b>3</b>	<b>Check</b>	<b>DEPRESSION</b> <i>Please rate based on the past 30 days. Symptoms included in this dimension are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation. This dimension can be used to rate symptoms of the following psychiatric disorders as specified in DSM: Depressive Disorders (unipolar, dysthymia, NOS), and Bipolar Disorder.</i>
	0	No evidence
	1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with <u>minimal impact on life domain functioning.</u>
	2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
	3	Clear evidence of disabling level of depression that severely impacts the child's ability to function in any life domain.

  

<b>4</b>	<b>Check</b>	<b>ANXIETY</b> <i>Please rate based on the past 30 days. This item describes the child's level of fearfulness, worrying or other characteristics of anxiety such as feelings of dread or panic attacks.</i>
	0	No evidence
	1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
	2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
	3	Clear evidence of debilitating level of anxiety that severely impacts the child's ability to function in any life domain.

<b>5</b>	<b>Check</b>	<b>OPPOSITIONAL</b> <i>Please rate based on the past 30 days. This item is intended to capture how the child relates to authority. Oppositional behavior is different from conduct disorder in that the emphasis is on non-compliance with authority rather than inflicting damage and hurting others.</i>
	0	No evidence
	1	History or recent onset (past 6 weeks) of defiance towards authority figures. Child may have mild problems with compliance with some rules or adult instructions. Child may occasionally talk back to teacher, parent/caregiver.
	2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others. A child who meets criteria for Oppositional Defiant Disorder would be rated here.
	3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

<b>6</b>	<b>Check</b>	<b>CONDUCT (Compliance with Society's Rules)</b> <i>Please rate the highest level from the past 30 days. These symptoms include behaviors like shoplifting, lying, vandalism, cruelty to animals and assault.</i>
	0	No evidence
	1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating/bullying others, sexual aggression, violence towards people, property or animals. Evidence of mild level of conduct problems including occasional truancy or petty theft from family.
	2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating/bullying others, sexual aggression, violence towards people, property, or animals. A child rated at this level should meet criteria for Conduct Disorder
	3	Evidence of a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors.

<b>7</b>	<b>Check</b>	<b>ADJUSTMENT TO TRAUMA</b> <i>Please rate the highest level from the past 30 days. This item covers the child/youth's reaction to any traumatic or adverse childhood experience. This item covers adjustment disorders, post-traumatic stress disorder and other diagnoses from DSM that the child/youth may have as a result of their exposure to traumatic/adverse childhood experiences.</i>
	0	No evidence that the child/youth has experienced any significant trauma or he/she has adjusted well to traumatic/adverse childhood experiences.
	1	Child/youth has some mild problems with adjustment due to trauma that might ease with the passage of time. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience.
	2	Child/youth presents with a moderate level of symptoms. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child/youth may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis, including, but not limited to, diagnoses of post-traumatic stress disorder (PTSD) and adjustment.
	3	Child/youth has severe symptoms as a result of traumatic or adverse childhood experiences that require intensive or immediate attention. Child/youth likely meets criteria for more than one diagnosis or would meet criteria for a developmental trauma disorder or a complex trauma disorder.

<b>8</b>	<b>Check</b> <b>ANGER CONTROL</b> <i>Please rate based on the past 30 days</i>
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

<b>9</b>	<b>Check</b> <b>SUBSTANCE USE</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History or suspicion of substance use.
2	Clear evidence of substance use disorder that interferes with functioning in any life domain.
3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/youth who is intoxicated at the time of the assessment (i.e., currently under the influence).

<b>10</b>	<b>Check</b> <b>EATING DISTURBANCE</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence of eating disturbances
1	Mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
2	Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). Food hoarding also would be rated here.
3	Eating disturbance is disabling. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

## LIFE DOMAIN FUNCTIONING

<b>11</b>	<p><b>Check</b> <b>FAMILY</b> Please rate the highest level from the past 30 days.  <i>"Family" ideally should be defined by the child; however, in the absence of this knowledge, consider biological and adoptive relatives and their significant others with whom the child has contact, as the definition of family. Foster families should only be considered if they have made a significant commitment to the child. For youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan.</i></p> <p>0 Child is doing well in relationships with family members.</p> <p>1 Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.</p> <p>2 Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining positive relationship may be observed.</p> <p>3 Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, and absence of any positive relationships. etc.</p>
<b>12</b>	<p><b>Check</b> <b>CULTURAL STRESS</b> Please rate the highest level from the past 30 days.  <i>Cultural stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives. This includes feelings of isolation or the experience of discrimination that may be purposeful or accidental, direct or indirect. This need includes but is not limited to ethnicity, religion, class, gender identity, sexual orientation, disability or harassment due to appearance or background.</i></p> <p>0 No evidence of stress between individual's cultural identity and current living situation.</p> <p>1 Some mild or occasional stress resulting from friction between the individual's cultural identity and his/her current living situation.</p> <p>2 Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain.</p> <p>3 Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.</p>
<b>13</b>	<p><b>Check</b> <b>LIVING SITUATION</b> Please rate the highest level from the past 30 days.  <i>This item refers to how the child is functioning in his/her current living arrangement, which could be with a relative, in a foster home, shelter, etc.</i></p> <p>0 No evidence of problem with functioning in current living environment.</p> <p>1 Mild problems with functioning in current living situation. Caregivers concerned about child's behavior in living situation.</p> <p>2 Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.</p> <p>3 Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors, or is currently homeless.</p>
<b>14</b>	<p><b>Check</b> <b>DEVELOPMENTAL</b> Please rate the highest level from the past 30 days.</p> <p>0 Child's development appears within typical range. There is no reason to believe that the child has any developmental problems.</p> <p>1 Concern of a possible developmental delay. Evidence of a mild developmental delay (Child may have low IQ, a documented delay, learning disability, or borderline intellectual functioning (FSIQ 70-85))</p> <p>2 Evidence of a significant developmental delay, or a pervasive developmental disorder including Autism, Tourette Syndrome, Down Syndrome or mild intellectual disability (FSIQ 50-69)</p> <p>3 Child has severe and pervasive developmental delays or profound intellectual disability (FSIQ below 50).</p>



15	<b>Check</b>	<b>SELF CARE/DAILY LIVING</b> <i>Please rate the highest level from the past 30 days</i>
	0	Child's self-care and daily living skills appear developmentally appropriate.
	1	Child requires verbal prompting on self-care tasks or daily living skills.
	2	Child requires assistance (physical prompting) on self-care tasks or caregiver/attendant care on one self-care task (e.g. eating, bathing, dressing or toileting).
	3	Child requires caregiver/attendant care on more than one of the self-care tasks (eating, bathing, dressing and/or toileting, etc.)

  

16	<b>Check</b>	<b>JOB FUNCTIONING</b> <i>Please rate the highest level from the past 30 days.</i>
	0	No evidence of any problems in work environment.
	1	Youth has some mild problems work (e.g. tardiness, conflict).
	2	Youth has problems at work
	3	Youth has severe problems at work in terms of attendance, performance or relationships. Youth may have recently lost job.
	NA	Not applicable. Youth is not currently working nor recently employed

  

17	<b>Check</b>	<b>MEDICAL/PHYSICAL</b> <i>Please rate the highest level from the past 30 days.</i>
	0	Child appears physically healthy. There is no reason to believe that the child has any medical or physical problems.
	1	Mild or well-managed physical or medical problems. This might include well-managed chronic conditions like juvenile diabetes or asthma.
	2	Child has chronic illness or moderate medical problems that require ongoing medical intervention.
	3	Child has severe, life threatening physical or medical problems.

  

18	<b>Check</b>	<b>SLEEP</b> <i>Please rate the highest level from the past 30 days.</i> <i><b>This item rates any disruptions in sleep regardless of the cause including problems with going to bed, staying asleep, waking up early or sleeping too much.</b></i>
	0	Youth gets a full night's sleep each night.
	1	Youth has some problems sleeping. Generally, youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
	2	Youth is having problems with sleep. Sleep is often disrupted and youth seldom obtains a full night of sleep
	3	Youth is generally sleep deprived. Sleeping is difficult for the youth and s/he is not able to get a full night's sleep.

  

19	<b>Check</b>	<b>SCHOOL BEHAVIOR</b> <i>Please rate the highest level from the past 30 days.</i>
	0	Child is behaving well in school.
	1	Child is behaving adequately in school although some behavior problems exist.
	2	Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
	3	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

**20**

<i>Check</i>	<b>SCHOOL ACHIEVEMENT</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well in school.
1	Child is doing adequately in school although some problems with achievement exist.
2	Child is having moderate problems with school achievement. He/she may be failing some subjects.
3	Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.

**21**

<i>Check</i>	<b>SCHOOL ATTENDANCE</b> <i>Please rate the highest level from the past 30 days</i>
0	Child attends school regularly.
1	Child has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
2	Child is having problems with school attendance. He/she is missing at least two days each week on
3	Child is generally truant or refusing to go to school.

## CHILD STRENGTHS

For **Strengths items** the following action levels are used:

- 0** indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan
- 1** indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.
- 2** indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.
- 3** indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

<b>22</b>	<b>Check</b> <b>FAMILY STRENGTHS</b> <i>Please rate the highest level from the past 30 days. Family refers to all family members as defined by the youth, or biological/adoptive relatives and significant others with whom the youth is still in contact. Is the family, as defined by the child, a support and strength to the child?</i>
0	Family has strong relationships and excellent communication. Significant family strengths. There is at least one family member who has a strong, loving relationship with the child and is able to provide significant emotional or concrete support.
1	Family has some good relationships and good communication. Moderate level of family strengths. There is at least one family member who has a strong, loving relationship with the child and is able to provide limited emotional or concrete support.
2	Family needs some assistance in developing relationships and/or communications. Mild level of family strengths. Family members are known, but currently none are able to provide emotional or concrete support.
3	Family needs significant assistance in developing relationships and communications or child has no identified family.

  

<b>23</b>	<b>Check</b> <b>INTERPERSONAL</b> <i>Please rate the highest level from the past 30 days. This item refers to the interpersonal skills of the child or youth, both with peers and adults – do not capture family/caregivers</i>
0	Significant interpersonal strengths. Child has close friends and is friendly with others.
1	Moderate level of interpersonal strengths. Child/youth may have a history of forming positive relationships with peers and/or non-caregivers. Child/youth may have at least one healthy relationship and is friendly with others.
2	Mild level of interpersonal strengths. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
3	Very limited ability to make and maintain positive relationships. Child/youth lacks social skills and has no history of positive relationships with peers and adults.

  

<b>24</b>	<b>Check</b> <b>OPTIMISM</b> <i>rate the highest level from the past 30 days This rating should be based on the child's sense of him/herself in his/her own future. This is intended to rate the child's positive future orientation.</i>
0	Child has a strong and stable optimistic outlook on his/her life.
1	Child is generally optimistic.
2	Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.
3	Child has difficulties seeing any positives about him/herself or his/her life.

<b>25</b>	<b>Check</b> <b>EDUCATIONAL SYSTEM</b> <i>Please rate the highest level from the past 30 days. This rating refers to the strengths of the school system or the child's preschool setting, and may or may not reflect any specific educational skills possessed by the child.</i>
0	School works closely with child and family to identify and successfully address child's educational needs OR child excels in school.
1	School works with child and family to identify and address child's educational needs OR child likes school.
2	School currently unable to adequately address child's needs.
3	School unable and/or unwilling to work to identify and address child's needs.

<b>26</b>	<b>Check</b> <b>TALENTS/INTERESTS or SKILLS</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child has a talent, interest or skill that provides him/her with pleasure and/or self-esteem.
1	Child has a talent, interest or skill with the potential to provide him/her with pleasure and self-esteem.
2	Child has identified interests but needs assistance converting those interests into a talent or skill.
3	Child has no identified talents, interests or skills.

<b>27</b>	<b>Chec</b> <b>SPIRITUAL/RELIGIOUS</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child receives comfort and support from spiritual and/or religious beliefs and practices. Child may be involved in a religious community or may have strongly held spiritual beliefs that can sustain or comfort him/her in difficult times.
1	Child receives some comfort or support from spiritual and/or religious beliefs and practices, but occasionally struggles to access those resources or at times does not find them to be supportive.
2	Child desires more access to spiritual and /or religious resources than they are currently able to obtain. Or child is struggling with current spiritual and religious beliefs and requires support in order to utilize this interest as a strength.
3	There are significant barriers to the child accessing supports for their spiritual and/or religious beliefs or their religious community is unsupportive.
NA	Child does not wish to utilize spiritual or religious beliefs as a strength.

<b>28</b>	<b>Check</b> <b>COMMUNITY CONNECTIONS</b> <i>Please rate the highest level from the past 30 days. This rating should be based on the youth's level of involvement in the cultural aspects of life in his/her community.</i>
0	Child has extensive and substantial long-term ties with the community. For example, he/she may be a member of a community group (e.g. girl or boy scouts) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
1	Child/youth has significant community ties although they may be relatively short term (e.g. the past year).
2	Child/youth has limited ties and/or supports from the community.
3	Child/youth has no known ties or supports from the community.

29

<b>Check</b>	<b>RELATIONSHIP PERMANENCE</b> <i>This rating refers to the stability of significant relationships in the child or youth's life that provide an emotionally secure living arrangement. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	Mild level of instability in significant relationships. This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year), OR the child has experienced some transition among adult figures, but has a stable relationship with one parent.
2	Moderate level of instability in significant relationships. This may be characterized by frequent transition of adults in and out of the home, with minimal attention to the child's needs in the process, frequent changes in caretaker for the child, or other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in significant relationships and/or their basic dependency needs are unmet. Independent living or adoption must be considered.

30

<b>Check</b>	<b>RESILIENCY</b> <i>Please rate the highest level from the past 30 days. This rating should be based on the individual's ability to identify and use internal strengths in managing their lives</i>
0	This level indicates an individual who is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges.
1	This level indicates an individual who able to identify most of his/her internal strengths and is able to partially utilize them.
2	This level indicates an individual who is able to identify internal strengths but is not able to utilize them effectively.
3	This level indicates an individual who is not yet able to identify internal personal strengths.

31

<b>Check</b>	<b>CHILD INVOLVEMENT WITH CARE</b> <i>Please rate the highest level from the past 30 days. This item refers to the child's participation in efforts to address his/her identified needs.</i>
0	Child is knowledgeable of needs and helps direct planning to address them.
1	Child is knowledgeable of needs and participates in planning to address them.
2	Child is at least somewhat knowledgeable of needs but resistant to participate in plans to address them. Child lacks insight into their own needs and requires more knowledge to effectively participate in care.
3	Child is neither knowledgeable about needs nor willing to participate in any process to address them.

## CAREGIVER NEEDS & STRENGTHS

<b>32</b>	<b>Check</b>	<b>SUPERVISION</b> <i>Please rate the highest level from the past 30 days.</i> <i>This rating is used to determine the caregiver's capacity to provide the level of monitoring and limit setting needed by the child.</i>
	0	Caregiver(s) has good supervision and limit setting skills.
	1	Caregiver(s) provides generally adequate supervision and limit setting. May need occasional support or guidance due to inconsistent follow through. This may include a situation where one member is capable of appropriate supervision and limit setting but others are not capable or not consistently available.
	2	Caregiver(s) needs assistance to improve supervision and limit setting skills. Appropriate supervision and monitoring are very inconsistent and/or frequently absent.
	3	Caregiver(s) is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

  

<b>33</b>	<b>Check</b>	<b>INVOLVEMENT WITH CARE</b> <i>Please rate the highest level from the past 30 days.</i> <i>This rating should be based on the level of involvement the caregiver has in the planning and provision of intervention and support services for the child.</i>
	0	Caregiver(s) is actively involved in the planning and provision of services and is able to act as an effective advocate for child.
	1	Caregiver is open to receiving support, education, and information, but may not be actively involved in the planning at this time.
	2	Caregiver(s) is inconsistent in following through with participating in services and/or interventions intended to assist their child.
	3	Caregiver(s) is unable or unwilling to participate in planning of supports and interventions, or is not visiting child in foster care, group home or residential care.

  

<b>34</b>	<b>Check</b>	<b>KNOWLEDGE</b> <i>Please rate the highest level from the past 30 days.</i> <i>This rating should be based on the caregiver's knowledge of the specific strengths and needs of the child and the rationale for the treatment or management of these issues.</i>
	0	Caregiver(s) is fully knowledgeable about the child's psychological strengths and weaknesses and the rationale for the treatment or management of these issues.
	1	Caregiver(s) is generally knowledgeable about the child, but may require additional information to improve their understanding of the child's psychological condition or his/her talents, skills and assets.
	2	Caregiver(s) has clear need for information to improve their knowledge of the child's problems and strengths. Current lack of information is interfering with their ability to parent.
	3	Caregiver(s) has severe deficits in knowledge about the child's problems and strengths that place the child at risk of significant negative outcomes.

  

<b>35</b>	<b>Check</b>	<b>ORGANIZATION</b> <i>Please rate the highest level from the past 30 days.</i>
	0	Caregiver(s) is well organized and efficient.
	1	Caregiver(s) has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case
	2	Caregiver(s) has moderate difficulty organizing and maintaining household to support needed services.
	3	Caregiver(s) is unable to organize household to support needed services.

<b>36</b>	<b>Check</b>	<b>NATURAL SUPPORTS</b> <i>Please rate the highest level from the past 30 days.</i> <b><i>This item describes the caregiver's resources to support caring for their child.</i></b>
	0	No evidence of caregiver(s) needing help to utilize their social network, family or friends to help with child rearing and/or caregiver has significant social network, neighbors, family and friends who actively help with caring for the child.
	1	History or suspicion of use of social network, and/or caregiver(s) has some social network, neighbors, family or friends who actively help with caring for the child.
	2	Evidence that caregiver(s) has some access to a social network, neighbors, family or friends who may be able to help with caring for the child.
	3	Caregiver(s) has no family or social network that may be able to help with caring for the child.

<b>37</b>	<b>Check</b>	<b>RESIDENTIAL STABILITY</b> <i>Please rate the highest level from the past 30 days.</i>
	0	Caregiver(s) has stable housing for the foreseeable future.
	1	Caregiver(s) has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
	2	Caregiver(s) has moved multiple times in the past year. Housing is unstable.
	3	Caregiver(s) has experienced periods of homelessness in the past six months.

<b>38</b>	<b>Check</b>	<b>PHYSICAL HEALTH</b> <i>Please rate the highest level from the past 30 days.</i>
	0	Caregiver(s) is generally healthy.
	1	Caregiver(s) is in recovery from medical/physical problems or has medical/physical condition that does not currently interfere with their capacity to parent
	2	Caregiver(s) has medical/physical problems that interfere with their capacity to parent.
	3	Caregiver(s) has medical/physical problems that severely impact their capacity to parent at this time.

<b>39</b>	<b>Check</b>	<b>MENTAL HEALTH</b> <i>Please rate the highest level from the past 30 days.</i>
	0	Caregiver(s) has no mental health needs.
	1	Caregiver(s) is in recovery from mental health difficulties or has a well-managed mental illness that does not currently interfere with their capacity to parent.
	2	Caregiver(s) has some mental health difficulties that interfere with their capacity to parent.
	3	Caregiver(s) has mental health use difficulties that severely impact their capacity to parent at this time.

<b>40</b>	<b>Check</b>	<b>SUBSTANCE USE</b> <i>Please rate the highest level from the past 30 days.</i>
	0	Caregiver(s) has no substance use needs.
	1	Caregiver(s) is in recovery from substance use difficulties.
	2	Caregiver(s) has some substance use difficulties that interfere with their capacity to parent.
	3	Caregiver(s) has substance use difficulties that severely impact their ability to parent at this time.

<b>41</b>	<b>Check</b>	<b>DEVELOPMENTAL</b> <i>Please rate the highest level from the past 30 days.</i>
	0	Caregiver(s) has no developmental needs.
	1	Caregiver(s) has developmental challenges but they do not currently interfere with parenting.
	2	Caregiver(s) has developmental challenges that interfere with their capacity to parent.
	3	Caregiver(s) has severe developmental challenges that severely impact their capacity to parent at this time.

<b>42</b>	<b>Check</b> <b>SAFETY</b> <i>Please rate the highest level from the past 30 days. This rating refers to the safety of the assessed child. It does not refer to the safety of other family members based on any danger presented by the assessed child.</i>
0	Present placement is safe and secure. Child is at no risk from others.
1	Present placement environment presents some mild risk of neglect, exposure to undesirable environments (e.g. Drug use or gangs in neighborhood) but that no immediate risk is present.
2	Present placement presents a moderate level of risk to the child, including such things as neglect or abuse, or exposure to individuals who could harm the child.
3	Present placement environment presents a significant risk to the well-being of the child. Risk of neglect or abuse is imminent and immediate.

**\*All referrants are legally required to report suspected child abuse or neglect.**

<b>43</b>	<b>Check</b> <b>FINANCIAL RESOURCES</b> <i>Please rate the highest level from the past 30 days. This rating refers to the financial and material resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.</i>
0	Caregiver(s) has the financial resources necessary to meet the child's needs.
1	Caregiver(s) has the necessary financial resources to address the child's basic needs, however, some limitations exist (such as expenses for extracurricular activities, etc.)
2	Caregiver(s) has financial difficulties that limit his/her ability to meet significant family needs.
3	Caregiver(s) has severely limited resources that are available to assist in the care and treatment of the child.



## CHILD RISK BEHAVIORS

<b>44</b>	<b>Check</b>	<b>SUICIDAL THOUGHTS/BEHAVIOR</b>
	0	No evidence
	1	History but no recent ideation or behavior
	2	Recent ideation or behavior but not in past 24 hours.
	3	Current ideation and intent OR command hallucinations that involve self-harm.

<b>45</b>	<b>Check</b>	<b>NON-SUICIDAL SELF-INJURY</b> <i>Please rate the highest level from the past 30 days</i>
	0	No evidence
	1	History of non-suicidal self-injury but no recent self-injurious behavior.
	2	Engaged in non-suicidal self-injury that does not require medical attention.
	3	Engaged in non-suicidal self-injury that requires medical attention.

<b>46</b>	<b>Check</b>	<b>DANGER TO OTHERS</b> <i>This rating includes actual and threatened violence. Imagined violence, when extreme, may be rated here.</i>
	0	No evidence
	1	History of homicidal ideation, physically harmful aggression
	2	Recent homicidal ideation or physically harmful aggression, but not in past 24 hours.
	3	Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others.

<b>47</b>	<b>Check</b>	<b>SEXUALLY PROBLEMATIC/HARMFUL BEHAVIOR</b> <i>Sexually problematic/harmful behavior includes developmentally inappropriate sexual behavior that is interfering with the child's ability to function or is putting child or others at risk of harm.</i>
	0	No evidence of any history of sexually harmful or problematic behavior.
	1	History of sexually problematic behavior, but not in past year, OR current mild level of sexually inappropriate behavior such as occasional inappropriate sexual talk, excessive masturbation or poor boundaries relative to developmental age.
	2	Presence of concerning, age inappropriate sexualized behaviors that are causing problems with life functioning. Frequent disrobing would be rated here only if it was sexually provocative. Also frequent inappropriate touching, frequent sexualized language, problematic use of pornography, inappropriate use of the internet for sexualized chat/exchanging of photos, or other sexualized behaviors that are a cause for concern would be rated here.
	3	Presence of concerning, age inappropriate sexual behaviors that are causing severe problems with life functioning. This would indicate sexual activity with younger children, non-consenting others or children not able to understand consent. This level would also include prostitution, or frequent risky sexual behavior in adolescents.

<b>48</b>	<b>Check</b>	<b>RUNAWAY</b> <i>In general, to classify as a runaway, the child is gone overnight or very late into the night.</i>
	0	No evidence
	1	History of runaway from home or other settings involving at least one overnight or late into the night absence, at least 30 days ago.
	2	Recent (last 30 days) runaway behavior or ideation but not in past 7 days.
	3	Acute threat to runaway as manifested by either recent attempts (last 7 days) OR significant ideation about running away OR child is currently a runaway.

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<i>Check</i>	<b>DELINQUENCY</b> <i>Please rate the highest level from the past 30 days. This rating includes acts that resulted in a legal charge, adjudication, conviction or diversion.</i>
0	No evidence
1	History of delinquency but no acts of delinquency in past 30 days.
2	Recent acts of delinquency.
3	Severe acts of delinquency that places others at risk of significant loss or injury or place child at risk of adult sanctions.

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<i>Check</i>	<b>FIRE SETTING</b>
0	No evidence
1	History of fire setting but not in the past six months.
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).